

PRODUCER
HALLER INSURANCE SERVICES, INC.
1309 114TH AVE SE, SUITE 301
BELLEVUE WA 98004

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

[Companies Affording Coverage]

INSURED
DOUGLS FAULDS & DONNA ERNST
DBA: PORT WASH MARINA ASSOC
1530 9TH AVENUE NORTH
EDMONDS WA 98020

Company A SAFECO INSURANCE COMPANY
Company B
Company C
Company D
Company E

AUG 24 1993

COVERAGES

This is to certify that the Policies of Insurance listed below have been issued to the Insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies. Limits shown may have been reduced by paid claims.

CO LTR	TYPE of INSURANCE	POLICY NO.	POLICY EFF DATE	POLICY EXP DATE	LIMITS
[A]	GENERAL LIABILITY [✓]Commercial Gen Liab []Clms Md [✓]Occur [] []Owner's & Contract. Protection [] []:	CP 8467546	07/30/93	07/30/94	Genl Aggr . \$2,000,000 Pd-Cp/Op Ag \$2,000,000 Pl&Adv.Inj. \$1,000,000 Each Occ. \$1,000,000 FireDam/1fi \$1,000,000 Med Exp/1pr \$1,000
[]	AUTOMOBILE LIABILITY []Any Auto []All Owned Autos []Scheduled Autos [A] [✓]Hired Autos [A] [✓]Non-Owned Autos []Garage Liability	CP 8467546	07/30/93	07/30/94	CSL \$1,000,000 BI/person \$ BI/accdnt \$ Prop.Damg. \$
[A]	EXCESS LIABILITY [✓]Umbrella Form []Other than Umb Form	UL 8467546	07/30/93	07/30/94	Each Occr. \$1,000,000 Aggregate \$1,000,000
[]	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				[]STATUTORY LIMITS Ea. Acc. \$ Dis.Pol. \$ Ea.Empl. \$
[]	OTHER				\$

DESCRIPTION of Operations/Locations/Vehicles/Special Items
RE: VERIFICATION OF INSURANCE AND ADDITIONAL INSURED TO BE:
DEPARTMENT OF NATURAL RESOURCES ACQUATIC LANDS ATTN: BRAD PRUITT
1111 WASHINGTON STREET SE PO BOX 47027 OLYMPIA, WA 98504-7027

CERTIFICATE HOLDER
Dept of Natural Resources
Acquatic Lands PO Box 47027
1111 Washington Street SE
Olympia, WA 98504-7027
ATTN: BRAD PRUITT
25-S(7/90)

CANCELLATION: Should any of the above policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail [30] days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.
AUTHORIZED REPRESENTATIVE: *William Vinson*